

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27513

Registration District No. **FILED SEP 12 1941**

Primary Registration District No. **1002**

Registrar's No.

3171

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether in this community 0 years, months or days)

3. (a) PRINT FULL NAME Joseph P. Kliesen

3. (b) If veteran, name war no 3. (c) Social Security No. 495-09-9308

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mildred Kliesen 6. (c) Age of husband or wife if alive 1906 years
7. Birth date of deceased March 17, (Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Manchester, Oklahoma (City, town, or county) (State or foreign country)

10. Usual occupation Business Agent

11. Industry or business Misc. Union

MOTHER FATHER { 12. Name William P. Kliesen
13. Birthplace Elmwood, Kansas (City, town, or county) (State or foreign country)
14. Maiden name Margaret Haldrean
15. Birthplace Great Bend, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Kliesen
(b) Address Dodge City, Kas

17. (a) Removal (b) Date thereof 8/23/41 (Month) (Day) (Year)

(c) Place: burial or cremation Dodge City, Kansas

18. (a) Signature of funeral director Quick & Telen Co
(b) Address Kansas City, Mo

19. (a) 8/23/41 (b) M. M. Crown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. Missouri Hotel (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22 year 1941 hour 1 minute 2 a. M.

21. I hereby certify that I attended the deceased from Aug 19 1941 to Aug 23 1941.
that I last saw him alive on Aug 21 1941 and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart
acute myocarditis
Due to Gastric hemorrhage
Due to Cause unknown

Other conditions. (Include pregnancy within 3 months of death) 930

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. Higgs (M. D. or other) 0
Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

2014

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harold Perry

Licensed Embalmer No.

4097

P. O. Address.....

K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.